3 Generator's Name and Mailing Address McDonnell Douglas Aircraft Co. 19503 S. Normandie Avenue Torrance, CA 90502 4 Generator's Phone 213) 533-6877 K. L.	Anderson 722 M/S C	6 –1 0		894 te Generator's ID A,H,Q,3,6	-
5. Transporter 1 Company Name J.C. I. Environmental Services	6. US EPA ID Number	31 - N	C. Sta	ite Transporter's I nsporter's Phone	
7. Transporter 2 Company Name	8. US EPA ID Number	1 1 1	F. Tra	te Transporter's II nsporter's Phone	*
9. Designated Facility Name and Site Address Chem Tech Systems, Inc.	10. US EPA ID Number		300000000000000000000000000000000000000	ite Facility's ID 	10131316
3650 E. 26th St. Vernon,CA 90023	ELELOLOLBLOLTLALOL	G Q 1		(213)268	17.02.00
11. US DOT Description (Including Proper Shipping Name, Ha a.	zard Class, and ID Number)	No.	Туре	Quantity	Unit Wt/Vol State
Hazardous waste liquid, n.o.s., NA9189, (D006, D007, & D008)	ORM-E, (EPTOX),	وا ما م	<u> </u>	06000	
b.				-	State*
C. (1.2)					State
d.		11	1	1111	EPA/C
		111	ı	1111	EPA/(
J. Additional Descriptions for Materials Listed Above Oil & Grease 10 to 60%			K. Ha	indling Codes for t	Wastes Listed Al
Chromium 5.20 ppm Ca Lead 9.10 ppm Na	dium 2.40 ppm ter = Remainder		G.		d.
15. Special Handling Instructions and Additional Information			<u> </u>		9
Guide# 31 Use gloves, goggles, respirator. Return to Shipper if Rejected.	PROF HAUL	ILE #8 ERWA	0-211 *]	485	
GENERATOR'S CERTIFICATION: I hereby declare that and are classified, packed, marked, and labeled, and are	the contents of this consignment are in all respects in proper condition f	e fully and a or transport	ccurately by high	y described above way according to a	by proper shipp
national government regulations. If I am a large quantity generator, I certify that I have a poor to be accomplicably practicable and that I have selected to	orogram in place to reduce the volum	e and toxicil storage, or	y of was	ste generated to the	ne degree I have e to me which m
present and future threat to human health and the environgeneration and select the best waste management method in the printed/Typed Name	od that is available to me and that I Signature	can afford.	iave ilia	ue a guod faith en	Mont
Kris L Anderson Agent for M.D.A. 17. Transporter 1 Acknowledgement of Receipt of Materials	c Thy	4	<u></u>		43
Printed/Typed Name WILLY BURKE	Signature	1/3/4	M		Mont
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature			H.	Mont
	<u>l</u>				
19: Discrepancy Indication Space					
19. Discrepancy Indication Space				and the second	

Printed/Typed Name	Signature	Month Day Year
Kris L. Anderson Agent for M.D.A.C.	1 MAIN	Nadada.
17. Transporter 1 Acknowledgement of Receipt of Materials		07 No 16 No No No
Printed/Typed Name	Signature / / // 1//	Month Day Year
WILLY BURKE	11/3ushe	10/31/1690
18. Transporter 2 Acknowledgement of Receipt of Materials	0/5 \	
Printed/Typed Name	Signature	Month Day Year
19. Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Month Day Year

DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-88) Previous editions are obsolete

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Do Not Write Below This Line